

ARIZONA DEPARTMENT OF EDUCATION

ARIZONA STATE EARLY CHILDHOOD BLOCK GRANT
PARENTAL CONSENT TO RELEASE INFORMATION AND DATA FORM
FY 2006-2007

_____ is a participant in a preschool program funded by the State of
(child's name) Arizona, Early Childhood Block Grant.

I understand that the Arizona Department of Education and the Arizona Legislative Council will study the program in which my child is enrolled. To study the program, these agencies need information about me and my child. This information includes the following:

- My child's birth date, sex, race, and primary language
- Information about my income and employment
- Information about the number of members of my family
- School related information about my child, including assessment data and attendance.

This information may be shared with the school. Under all circumstances, it will be kept confidential. Furthermore, information will be reported in aggregate form only. No individual child will be identifiable. When the information is no longer needed for the study, it will be destroyed.

I hereby consent to the release of the information described above and agree to provide the information requested below.

Parent or Guardian Signature

Date

| | | | |
|--|--|--|--|
| CHILD'S SEX: _____ Male _____ Female | | CHILD'S DATE OF BIRTH (month/day/year): _____/_____/_____ | |
| CHILD'S ETHNICITY: (Circle all that apply.) | | Asian or Pacific Islander Black or African-American | |
| Hispanic or Latino American Indian or Alaskan Native White Other _____ | | | |
| LANGUAGE CHILD USES AT HOME: English Spanish Other _____ | | ANNUAL FAMILY INCOME: (REQUIRED) \$ _____ .00 | |
| MOTHER: Lives in child's household: Yes No Is employed Yes No | | FATHER: Lives in child's household: Yes No Is employed Yes No | |
| TOTAL ADULTS IN THE HOUSEHOLD: 1 2 3 4 5 6 7 | | TOTAL CHILDREN IN THE HOUSEHOLD: 1 2 3 4 5 6 7 8 9 | |
| | | | |
| For District Use Only: Child's SAIS Number _____ | | | |